PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request **Application Number** 10/615,337 For Filing Date July 7, 2003 Continued Examination (RCE) **Transmittal** First Named Inventor Steven MODER Address to: 2173 MS RCE Art Unit Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 N. Pillai **Examiner Name** Attorney Docket Number 590282001400

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

| 5, 1995, or to any design application. | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Submission required under 37 CFR 1.114 Note: If the RCE is proamendments enclosed with the RCE will be entered in the order in which the applicant does not wish to have any previously filed unentered amendment amendment(s). | they were filed unless applicant instructs otherwise. If | | | | | | | |
| a. x Previously submitted. If a final Office action is outstanding may be considered as a submission even if this box is no | | | | | | | | |
| i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on | | | | | | | | |
| ii. X Other Amendment filed July 21, 2006 | | | | | | | | |
| b. x Enclosed | | | | | | | | |
| i. X Amendment/Reply (10 pages) iii. Inform | nation Disclosure Statement (IDS) | | | | | | | |
| ii. Affidavit(s)/Declaration(s) iv. X Other | Fee Transmittal + duplicate copy for fee processing (2 pages) Return Receipt Postcard | | | | | | | |
| 2. Miscellaneous | · | | | | | | | |
| a. Suspension of action on the above-identified application | is requested under 37 CFR 1.103(c) for a | | | | | | | |
| period of months. (Period of suspension shall | not exceed 3 months; Fee under 37 CFR 1.17(i) required | | | | | | | |
| b. Other | | | | | | | | |
| 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1 | 1.114 when the RCE is filed. | | | | | | | |
| a. X The Director is hereby authorized to charge the following overpayments to Deposit Account No. 03-1952 | p fees, any underpayment of fees, or credit any I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | | | | | |
| i. X RCE fee required under 37 CFR 1.17(e) | · | | | | | | | |
| ii. Extension of time fee (37 CFR 1.136 and 1.17) | | | | | | | | |
| iii. Other | | | | | | | | |
| b. Check in the amount of \$ | enclosed | | | | | | | |
| c. Payment by credit card (Form PTO-2038 enclosed) | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNE | Y. OR AGENT REQUIRED | | | | | | | |
| Signature MAY (1112) | Date January 22, 2007 | | | | | | | |
| | | | | | | | | |
| Name (Print/Type) Norman R. Klivans | Registration No. 33,003 | | | | | | | |
| Name (Print/Type) Norman R. Klivans I hereby certify that this paper (along with any paper referred to as being attached of Express Mail, Airbill No. EV 582590680 US, on the date shown below in an envelop MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313, 1450. Dated: January 22, 2007 Signature: | or enclosed) is being deposited with the U.S. Postal Service a | | | | | | | |

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | , | Complete if Known | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------|-------------------|---------------------------|----------------------|----------------------|------|--|--|
| | | | Application Number 10 | | | 10/615,337 | | | | |
| | | Filing D | Filing Date Ju | | July 7, 2003 | | | | | |
| | | First Na | First Named Inventor S | | Steven MODER | | | | | |
| | | | Examine | Examiner Name N | | N. Pillai | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | 7 de Orine | | | 2173 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 790.00 Attorney Docket N | | | | | 59028 | 590282001400 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | |
| Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | |
| | | | SEARCH F | | OITANIMA | | | | | |
| Application Type | Fee (\$) | <u>Small Entity</u> Fee (\$) Fee | | Entity (\$) Fe | | II Entity ee (\$) | Fees Paid | (\$) | | |
| Utility | 300 | | | | | 100 | 0.00 | _ | | |
| Design | 200 | 100 10 | 00 | 50 1 | 30 | 65 | 0.00 | | | |
| Plant | 200 | 100 30 | 00 1 | 50 1 | 60 | 80 | 0.00 | | | |
| Reissue | 300 | 150 50 | 00 2 | 50 6 | 500 | 300 | 0.00 | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 | | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | | | |
| Fee Description Fee (\$) Fee (\$) | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | 25 | | |
| Each independent claim over 3 (including Reissues) | | | | | | | | 100 | | |
| Multiple dependent claims 360 180 | | | | | | | | | | |
| | | | | | Multiple Dependent Claims | | | | | |
| HP = highest number of total cla | | | 0.00 | | <u>Fee (\$)</u> 360.00 | | ee Paid (\$) 0.00 | | | |
| HP = highest number of total claims paid for, if greater than 20. 360.00 0.00 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| 4 .5= | 0 × 20 | | 0.00 | | | | | | | |
| HP = highest number of indepe | ndent claims paid f | or, if greater than 3. | | _ | | | • | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| - 100 = /50 (round up to a whole number) x 250.00 = 0.00 | | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | |
| Signature Registration No. (Attorney/Agent) 33,003 Telephone (650) 813-5850 | | | | | | | | | | |
| Name (Print/Type) Norman R. Klivans Date January 22, 2007 | | | | | | | | | | |